

# Gaithersburg High School PTSA, Inc.

## Request for Payment

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Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Are Receipts Attached? Yes or No (If No, please provide explanation.)

\_\_\_\_\_

Line Item from the Approved Budget: \_\_\_\_\_

Attach the original receipt (or copy) to this form. Receipts will not be returned.

Itemized Expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature Date Phone No.

Committee Chairperson Approval: \_\_\_\_\_  
Signature Date

GHS PTSA President Approval: \_\_\_\_\_  
Signature Date

For questions please contact Suzanne Walsh, PTSA Treasurer, at  
[suzannewalsh65@hotmail.com](mailto:suzannewalsh65@hotmail.com) or 301-466-9207.

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Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_